

<i>SERFF Tracking Number:</i>	<i>METD-128170429</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>SBR EC/EC2 INTEREST RATE CHANGE</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>EC/EC2</i>		
<i>Project Name/Number:</i>	<i>EC/EC2 Guaranteed Interest Rate Change/EC/EC2 Guaranteed Interest Rate Change</i>		

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: EC/EC2

SERFF Tr Num: METD-128170429 State: Arkansas

TOI: L09I Individual Life - Flexible Premium

SERFF Status: Closed-Approved- State Tr Num:

Adjustable Life

Closed

Sub-TOI: L09I.001 Single Life

Co Tr Num: SBR EC/EC2

State Status: Approved-Closed

INTEREST RATE CHANGE

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Maria Carvalho, Diane

Disposition Date: 04/09/2012

Palermo, Dale Bihlmeyer

Date Submitted: 04/02/2012

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: EC/EC2 Guaranteed Interest Rate Change

Status of Filing in Domicile: Pending

Project Number: EC/EC2 Guaranteed Interest Rate Change

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 04/09/2012

State Status Changed: 04/09/2012

Deemer Date:

Created By: Diane Palermo

Submitted By: Diane Palermo

Corresponding Filing Tracking Number:

Filing Description:

RE: Metropolitan Life Insurance Company

NAIC # 241-65978 FEIN # 13-5581829

Individual Life Filing: Updated Specifications Page 3.1, Page 7, Page 11, Endorsement Form R.S. 1192 September

1993 (2001 CSO) and Actuarial Information for use with Previously Approved Flexible Premium Adjustable Life

Insurance Policy Form 97-93

New Submission

SERFF Tracking Number: METD-128170429 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number:
Company Tracking Number: SBR EC/EC2 INTEREST RATE CHANGE
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: EC/EC2
Project Name/Number: EC/EC2 Guaranteed Interest Rate Change/EC/EC2 Guaranteed Interest Rate Change
State of Domicile: New York

Dear Sir or Madam:

The above-referenced policy was approved on 12/17/1993. The enclosed items are being updated because the Guaranteed Interest Rate on Accumulation Fund is being changed for new issues of the policy. The forms are in final print subject only to minor modifications in layout, paper size, color, stock, ink, border, font, company logo and adaptation to computer printing. Additionally, we reserve the right to correct typographical errors.

The only material difference between the enclosed page 3.1 and the previously approved form is that the Guaranteed Interest Rate on Accumulation Fund has been changed. We have also bracketed this rate to denote it as a variable item; we will consider it acceptable to change it in the future without re-filing the form unless you advise otherwise during your review of this filing. Please note that '(12)' has been added next to the form number on this page to differentiate it from the previously approved form.

The only material difference between the enclosed page 7 and the previously approved form is that the first asterisked item in the Cost of Term Insurance provision has been changed from: "The death benefit divided by one plus the monthly guaranteed interest rate shown on page 3.1" to: "The death benefit divided by 1.0032737". Because the divisor describes the discount factor, and this discount factor is not changing, it is now being expressed in decimal format so that it will not be affected by a guaranteed interest rate change. Please note that '(12)' has been added next to the form number on this page to differentiate it from the previously approved form.

The only material difference between the enclosed page 11 and the previously approved form is that the first sentence of the Computation of Values provision has been changed from: "The minimum accumulation fund and cash values are computed using interest at the rate of 4% a year." to "The minimum accumulation fund and cash values are computed using interest at the Guaranteed Interest Rate on Accumulation Fund shown on page 3.1". Please note that '(-12)' has been added next to the form number on this page to differentiate it from the previously approved form.

The only material difference between the enclosed Endorsement form R.S. 1192 (2001 CSO-12) and the previously approved form is that the first sentence of the Computation of Values provision in item 3. has been changed from: "The minimum accumulation fund and cash values are computed using interest at the rate of 4% a year." to "The minimum accumulation fund and cash values are computed using interest at the Guaranteed Interest Rate on Accumulation Fund shown on page 3.1". Please note that '(-12)' has been added next to the end of the form number on this page to differentiate it from the previously approved form; additionally, 'September 1993' has been removed from the form number.

The enclosed actuarial information has been updated to reflect the interest rate change.

SERFF Tracking Number: METD-128170429 State: Arkansas

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TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life

Product Name: EC/EC2

Project Name/Number: EC/EC2 Guaranteed Interest Rate Change/EC/EC2 Guaranteed Interest Rate Change

Please contact me if you have any questions.

Sincerely,

Maria Carvalho

Enclosures: Updated Page 3.1, Page 7, Page 11, Endorsement, Actuarial Information, Readability Certification, Certification
State Narrative:

Company and Contact

Filing Contact Information

Maria Carvalho, Senior Policy Forms Consultant
1300 Hall Blvd. - 3rd Floor
Bloomfield, CT 06002
mcarvalho@metlife.com
860-768-0809 [Phone]
860-656-3329 [FAX]

Filing Company Information

Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166
(617) 578-2000 ext. [Phone]

CoCode: 65978
Group Code: 241
Group Name: MetLife Group
FEIN Number: 13-5581829
State of Domicile: New York
Company Type: Life
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$200.00
Retaliatory? No
Fee Explanation: New York is our Domiciliary State and they do not charge a fee; therefore, we are sending the \$200.00 Arkansas \$50.00 per form filing fee as we are submitting (4) Forms.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$200.00	04/02/2012	57661673

SERFF Tracking Number: METD-128170429 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/09/2012	04/09/2012

SERFF Tracking Number:	METD-128170429	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company	State Tracking Number:	
Company Tracking Number:	SBR EC/EC2 INTEREST RATE CHANGE		
TOI:	L09I Individual Life - Flexible Premium	Sub-TOI:	L09I.001 Single Life
	Adjustable Life		
Product Name:	EC/EC2		
Project Name/Number:	EC/EC2 Guaranteed Interest Rate Change/EC/EC2 Guaranteed Interest Rate Change		

Disposition

Disposition Date: 04/09/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: METD-128170429 State: Arkansas

Filing Company: Metropolitan Life Insurance Company State Tracking Number:

Company Tracking Number: SBR EC/EC2 INTEREST RATE CHANGE

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life

Product Name: EC/EC2

Project Name/Number: EC/EC2 Guaranteed Interest Rate Change/EC/EC2 Guaranteed Interest Rate Change

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Arkansas Certification		Yes
Supporting Document	Actuarial Memorandum		No
Form	Policy Specifications Page		Yes
Form	Policy Insert Page 7		Yes
Form	Policy Insert Page 11		Yes
Form	Unisex Endorsement		Yes

SERFF Tracking Number: METD-128170429 State: Arkansas

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	97-93 (12)	Schedule Pages	Policy Specifications Page	Initial		0.000	Revised Page 3.1 generic.pdf
	97-9307 (12)	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy Insert Page 7	Initial		51.700	Revised Page 7 generic.pdf
	97-9311 (2001CSO-12)	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy Insert Page 11	Initial		48.100	Revised page 11 generic.pdf
	R. S. 1192 (2001CSO-12)	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Unisex Endorsement	Initial		48.800	Revised R.S. 1192 generic.pdf

POLICY SPECIFICATIONS (Continued)

GUARANTEED INTEREST RATE ON ACCUMULATION FUND..... [2]% A YEAR
[.16516]% A MONTH

NET PREMIUMS..... 96.25% OF ALL PREMIUMS RECEIVED
(THE BALANCE IS AN EXPENSE
CHARGE, PLUS AN AMOUNT OF
NOT MORE THAN \$3.00 FOR
EACH PREMIUM RECEIVED
AFTER THE FIRST PREMIUM
IN ANY POLICY YEAR.)

FUND CHARGES..... SEE TABLE ON PAGE 8

SCHEDULED ADJUSTMENTS IN SPECIFIED FACE AMOUNT
NONE

Computation of Accumulation Fund (Continued)

PLUS

- * The net premiums received since the last monthly anniversary with interest to the end of the policy month;

MINUS

- * The monthly deduction for the month beginning on the current monthly anniversary.
- * On other than a monthly anniversary - The value on the last monthly anniversary with interest to the current date;

PLUS

- * The net premiums received since the last monthly anniversary with interest to the current date.

If you make a partial cash withdrawal (see page 8), the accumulation fund defined above will be reduced by the amount of such withdrawal.

Monthly Deduction

The deduction for any policy month is the sum of the following amounts, determined as of the beginning of that month:

- * The monthly cost of the term insurance (See Cost of Term Insurance on page 7).
- * The monthly cost of any benefits provided by riders.

Interest Rate

The guaranteed interest rate used to determine the accumulation fund is shown on page 3.1.

Interest will be credited to the accumulation fund each month in the manner and at the rate we set from time to time. The rate we set will never be less than the guaranteed interest rate.

If there is a loan against this policy, interest on that portion of the accumulation fund that equals the loan will be at a rate of 7% a year.

Example

Suppose the accumulation fund is \$10,000 and there is a policy loan of \$2,000. If we set the annual interest rates at 10% for amounts in the accumulation fund, then interest would be credited: at the rate of 7% on \$2,000 representing the amount of the loan; and at the rate of 10% on the remaining \$8,000.

Cost of Term Insurance

Under any death benefit option, the amount of term insurance for any policy month is equal to:

- * The death benefit divided by 1.0032737;

MINUS

- * The accumulation fund.

The accumulation fund used in this calculation is the accumulation fund at the beginning of the policy month before the deduction for the monthly cost of term insurance, but after the deductions for riders and any other charges.

The cost of term insurance for any policy month is equal to the amount of term insurance divided by 1000 and multiplied by the monthly term insurance rate. Monthly term insurance rates will be set by us from time to time. They will be based on the insured's age, sex, and underwriting class. The rates will never be more than the rates shown on page 4.

General Provisions

The Contract	This policy includes any riders. The policy and riders, with the application attached at issue, and any application added after issue, make up the entire contract. All statements in the application will be representations and not warranties. No statement will be used to contest the policy unless it appears in the application.
Limitation on Representative's or Other Person's Authority	No representative or other person except our President, a Vice-President, or the Secretary may (a) make or change any contract of insurance; or (b) make any binding promises about policy benefits; or (c) change or waive any of the terms of this policy. Any change is valid only if made in writing and signed by our President, Vice-President, or Secretary.
Incontestability	We will not contest the validity of your policy after it has been in force during the insured's lifetime for 2 years from the date of policy. We will not contest the validity of any increase in the death benefit after such increase has been in force during the insured's lifetime for 2 years from its effective date.
Age and Sex	If the insured's age or sex on the Date of Policy is not correct as shown on page 3, we will adjust the benefits under this policy. If the insured dies before a correction is made, the adjusted benefits will be the amounts bought by the monthly deduction just before the date of death, based on the correct age and sex. Otherwise, we will recompute the accumulation fund by taking out the monthly cost of term insurance for the correct age and sex, based on the death benefit in effect just before we learned the correct age and sex.
Nonparticipation	This policy is not eligible for dividends; it does not participate in any distribution of our surplus.
Computation of Values	<p>The minimum accumulation fund and cash values are computed using interest at the Guaranteed Interest Rate on Accumulation Fund shown on page 3.1. These values and the maximum term insurance rates shown on page 4 are based on the 2001 Commissioners Standard Ordinary Mortality (sex distinct) Table.</p> <p>For substandard policy classifications, these values and rates are based on a modified version of the 2001 CSO Mortality Table.</p> <p>We have filed a detailed statement of the method of computation with the insurance supervisory official of the state in which this policy is delivered. The values under this policy are equal to or greater than those required by the law of that state.</p>
Annual Report	<p>Each year we will send you a report showing the current death benefit, accumulation fund and cash value for this policy.</p> <p>It will also show the amount and type of credits to and deductions from the accumulation fund during the past policy year.</p> <p>The report will also include any other information required by state laws and regulations.</p>
Illustrations of Future Benefits	At any time, we will provide an illustration of the future benefits and values under your policy. You must ask in writing for this illustration and pay the service fee set by us.

Metropolitan Life Insurance Company

ENDORSEMENT

1. The following replaces the last paragraph of the **Cost of Term Insurance** provision:

The cost of term insurance for any policy month is equal to the amount of term insurance divided by 1000 and multiplied by the monthly term insurance rate. Monthly term rates will be set by us from time to time. They will be based on the insured's age and underwriting class. The rates will never be more than rates shown on page 4.

2. The following replaces the **Age and Sex** provision:

Age-- If the insured's age on the date of the policy is not correct as shown on page 3, we will adjust the benefits under this policy. If the insured dies before a correction is made, the adjusted benefits will be the amounts bought by the monthly deduction just before the date of death, based on the correct age. Otherwise, we will recompute the accumulation fund by taking out the monthly cost of term insurance for the correct age, based on the death benefit in effect just before we learned of the correct age.

3. The following replaces the first paragraph of the **Computation of Values** provision:

Computation of Values -- The minimum accumulation fund and cash values are computed using interest at the Guaranteed Interest Rate on Accumulation Fund shown on page 3.1. These values and the maximum term insurance rates shown on page 4 are based on the 2001 Commissioner's Standard Ordinary Mortality Table (80% males, 20% females).

(continued on reverse side)


ENDORSEMENT (Continued)

4. The following replaces the tables for Option 3 and Option 4 under **Minimum Payments under Payment Plan:**

	Option 3. Single Life Income-- Guaranteed Payment Period Minimum Amount of each Monthly Payment for each \$1,000 Applied				Option 3A. Single Life Guaranteed Return Minimum Amount of each Monthly Payment for each \$1,000 Applied
	Guaranteed Payment Period				
Payee's Age	10 years	15 years	20 years		
50	\$4.12	\$4.08	\$4.02		\$3.97
55	4.51	4.44	4.32		4.29
60	5.02	4.87	4.65		4.70
65	5.67	5.36	4.97		5.21
70	6.46	5.88	5.24		5.85
75	7.34	6.33	5.41		6.68
80	8.21	6.64	5.48		7.75
85 and over	8.92	6.80	5.51		9.12

Option 4. Joint and Survivor Life Income-- Guaranteed Period of 10 years	
Age of Both Payees	Minimum Amount of each Monthly Payment for each \$1,000 Applied
50	\$3.64
55	3.93
60	4.30
65	4.80
70	5.47
75	6.33

On request, we will provide additional information about amounts of minimum payments.


 Secretary

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR Readability Certification.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Not Applicable, Interest Rate Change Filing. Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification Bypass Reason: Not Applicable. Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage Bypass Reason: Not Applicable. Comments:		

	Item Status:	Status Date:
Satisfied - Item: Arkansas Certification Comments: Attachment: AR Certification.pdf		

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Item Status:

Status

Date:

Satisfied - Item: Actuarial Memorandum

Comments:

Attachment:

2012 Basis of Values policy form 97-93 Sex Distinct.pdf

State of Arkansas

Readability Certification

Pursuant to Bulletin 14-79 and Arkansas Statute Annotated § 23-80-206 to § 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act, the Flesch Readability Ease Test has been applied to the following forms.

Form Number(s)	Flesch Score(s)
97-9307 (12)	51.7
97-9311 (2001CSO-12)	48.1
R. S. 1192 (2001CSO-12)	48.8



Karen A. Johnson, Vice President

4/2/2012

Date

Metropolitan Life Insurance Company
200 Park Avenue, New York, NY 10166

State of Arkansas

Certification

We certify compliance with Rule and Reg. 19 s 10 and all other applicable requirements of the Arkansas Insurance Department.



Karen A. Johnson, Vice President

4/2/2012

Date